



City of Burbank
Community Development Department – Building Division
150 North Third Street/ (818) 238-5280- www.burbankca.gov
BUSINESS APPLICATION

Mail & Make Checks Payable to:
City of Burbank
Building Division
P.O. Box 6459
Burbank, CA 91510-6459

IMPORTANT TO NOTE: *This application is not proof of final approval of a license, permit, or tax certificate. This is only an application.*

Initial Planning Review: <small>Preliminary review only- not an approval</small>	Zone:	OK for submittal <input type="checkbox"/> OK to issue <input type="checkbox"/>	BY:	DATE:														
Comments:																		
Reason for Application <input type="checkbox"/> New business to Burbank <input type="checkbox"/> Existing Burbank Business moving to new location <input type="checkbox"/> Change of owners or officers <input type="checkbox"/> Add or drop business partners <input type="checkbox"/> Business name change <input type="checkbox"/> Change to type of business																		
Date of Application:			Business Website:															
Business Name:																		
Business Address:																		
Mailing Address (if different):																		
Business Phone: ()		Business FAX: ()		Contact Person Phone: ()														
Contact Person Name:			Contact Person Email:															
Contact Person Mailing Address:																		
Detailed Description of Business that will occur at <u>THIS</u> location (attach additional sheets if needed): _____ _____ _____																		
Approx. Starting Date of Business in Burbank:		Business Hours:		Number of Employees:														
Will any physical changes be made to the building for this business (remodel, addition, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. Also, a separate building permit will be required.																		
Area occupied in gross square feet: _____ Total number of parking spaces on the property: _____																		
Previous business at this location _____																		
If vacant, how long has this location space been vacant? _____																		
Are there any other businesses located on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list.																		
What type of business is it? Please check all that apply. <table style="width: 100%;"><tr><td><input type="checkbox"/> Assembly/Manufacturing</td><td><input type="checkbox"/> Restaurant</td></tr><tr><td><input type="checkbox"/> Auto Related (sales, repair, detailing, etc.)</td><td><input type="checkbox"/> Retail Sales</td></tr><tr><td><input type="checkbox"/> Instructing/Teaching/Tutoring/Coaching</td><td><input type="checkbox"/> Services, Personal or Business</td></tr><tr><td><input type="checkbox"/> Media Post-Production/Editing</td><td><input type="checkbox"/> Warehouse/Storage</td></tr><tr><td><input type="checkbox"/> Media Production/Studio</td><td><input type="checkbox"/> Wholesale Sales</td></tr><tr><td><input type="checkbox"/> Medical/Dental Office</td><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> General Office</td><td></td></tr></table>					<input type="checkbox"/> Assembly/Manufacturing	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Auto Related (sales, repair, detailing, etc.)	<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Instructing/Teaching/Tutoring/Coaching	<input type="checkbox"/> Services, Personal or Business	<input type="checkbox"/> Media Post-Production/Editing	<input type="checkbox"/> Warehouse/Storage	<input type="checkbox"/> Media Production/Studio	<input type="checkbox"/> Wholesale Sales	<input type="checkbox"/> Medical/Dental Office	<input type="checkbox"/> Other _____	<input type="checkbox"/> General Office	
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<input type="checkbox"/> General Office																		
Will the business use any machines or equipment other than typical office equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.																		

REVERSE SIDE OF APPLICATION MUST BE COMPLETED

Type of Ownership ☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Ownership ☐ Trust ☐ Other _____

Social Security No. or Federal Employer ID No.

Corporate Name

Owners, Partners, or Corporate Officers (attach additional sheets if needed)

Name	Title	Driver License No.
Home Address	Phone	Email
Name	Title	Driver License No.
Home Address	Phone	Email
Name	Title	Driver License No.
Home Address	Phone	Email

I hereby certify that the information furnished in this application and the attached materials are true and correct to the best of my knowledge and belief. I understand that I may be required to submit additional information related to the proposed business before a decision can be made. I understand that this application is not proof of final approval of a license, permit, or tax certificate. This is only an application.

Applicant Printed Name _____ **Title** _____

Applicant Signature _____ **Date** _____

Office Use Only

License		License or Business Tax		Business Tax	
LICENSE FEE	\$ _____	DATE PAID	_____	Basic Tax	\$ _____
PRO-RATE	\$ _____	CLASS CODE	_____	EMPLOYEE RATE FEE	
PERMIT FEE	\$ _____	BUSINESS ACCT NO.	_____	___ X \$ _____ =	\$ _____
APPLICATION FEE	\$ _____	ZONE	_____	Total Tax	\$ _____
ADJUSTMENT AMT	\$ _____	NO. OF PERSONS/DOGS/VEHICLES	_____	Pro-Rate	\$ _____
CSA FEE	\$ _____	LICENSE ISSUE DATE	_____	Reg/Transfer Fee	\$ _____
TOTAL DUE	\$ _____			Adjustment Amount	\$ _____

APPROVALS	DATE	APPROVED		BY	DATE
		YES	NO		
TO PLANNING	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
TO FIRE	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
TO POLICE	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
TO HEALTH	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
TO BUILDING	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

LICENSE/CERTIFICATE ISSUED

CSA FEE \$ _____
Total Due \$ _____

Notes and Comments